| | | | | | | | | | Application or Docket Number | | | | | |
|--|--|--|-------------|--------------|-------------|-------------------------------------|------------------|------------------|------------------------------|------------------------|---------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997 | | | | | | | | | 9/079874 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | ALL /PE | ENTITY | OR | | R THAN L ENTITY | | |
| FOR | | | NUMB | NUMBER FILED | | | NUMBER EXTRA | | Έ | FEE |] | RATE | FEE 76 | |
| BASIC FEE | | | | | | | | | | 395.00 | OR | 1183 | 790.00 | |
| TOTAL CLAIMS | | | | 2 mini | us 20 = | • [| x\$1 | 1= | | OR | x\$ 22 ≡ | 22 | | |
| | EPENDENT CI | | 8 minus 3 = | | | <u>*5</u> | x41 | = | | OR | _ ×82 = | ULL | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +13 | 5= | | OR | +270= | 110 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOT | AL | | OR | TOTAL | 1222 | | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SM | ALL | . ENTITY | OR | | R THAN | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMEN | | | NL PRE | GHEST JMBER VIOUSLY ID FOR | PRESENT EXTRA | RAT | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | 3 | <u>}</u> | Minus | 1.0 | | =/2 | x\$11= | = | | OR | x\$22= | | |
| | Independent | . 9 | | Minus | *** | 8 | = / | x41: | = | | OR | x82= | 28 | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | = | | OR | +270= | 70 V | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | AL | | OR | TOTAL ADDIT. FEE | | |
| AMENDMENT B | | CLA REMA AFT AMEND | INING ER | | NU PRE\ | SHEST MBER /IOUSLY D FOR | PRESENT EXTRA | RATE | = | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | <u>u.</u> | Minus | ** | | = | x\$11 | = | | OR | x\$22= | | |
| | independent | * | | Minus | *** | | = | x41= | = | | OR | x82= | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | = | | :OR | +270= | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | TOT ADDIT. FI | | | OR | TOTAL ADDIT. FEE | | |
| 봈 | 2 To 1 To | CLAI REMAI AFT AMEND | NING ER | | NUI PREV | HEST MBER HOUSLY D FOR | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | : | RATE | ADDI- TIONAL FEE | |
| | Total | * | | Minus | ** | | = | x\$11 | = | | OR | x\$22= | | |
| | Independent | * | | Minus | *** | | = | x41= | | | OR | x82= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | = | | OR | +270= | | |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE | | | | | | | | | | | | | | |